



**SEAFOOD HACCP 3501 FORM**  
**Fax Cover Page**

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**Total Pages:** \_\_\_\_\_

**(Including cover page)**

**To: Roshelle King (HFS-416)**

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Fax: (301) 436-2313**

**Voice:** \_\_\_\_\_

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**If assistance is needed, please call Roshelle King at 301-436-1416.**

**This document is intended only for the use of the addressee and may contain information that is privileged, confidential, and protected from disclosure under applicable law.**

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**Remarks:**

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# SEAFOOD HACCP REPORT (Form 3501)

## SECTION I - GENERAL INFORMATION

1. FEI		3. Completion Date of Inspection (MM/DD/YY)		
4. Inspected by (First Name)		(Middle)	(Last Name)	
5. Firm Name				
Street Address				
City				
State		Zip		
6. Inspection Basis				
7. Establishment Type Information				
a.Vessel    b.Establishment Type (Check one)				
FDA	Yes	Manufacturer		
State Contractor	No	Warehouse		
State Partnership		Repacker		
		Relabeler		
8. FDA Finished Product Code Information (For the specific product listed in Block 9)				
a.Industry	b.Class	c.Container	d.Process	e.Product ID
9. Description of the Finished Product covered by this form (Only one product per inspection form) include species and production form				
10. Was the firm actively processing the finished product you listed in Block 9?				
		Yes	No	
11. Does the firm deal only in intrastate commerce, i.e. no interstate?				
		Yes	No	
12. Does the firm meet HACCP Training Requirements?				
		Yes	No	
Investigator/Inspector			Date submitted	
A. State Agency Code		B. Employee Phone Number (Area Code - Phone Number - Extension)		

## SECTION II - HAZARD CONTROL

13. Is a HACCP plan needed to control a food safety hazard that is reasonably likely to occur in the product you selected? (If the answer is NO, proceed to Section III - Sanitation Control)	Yes	No
14. Is there a HACCP plan for the product you selected? (If the answer is NO, proceed to Section III - Sanitation Control)	Yes	No

INSTRUCTIONS: Identify hazard not controlled by blackening the appropriate square(s) in the right-hand columns. (Please refer to "Hazard Guide, species and process Hazards tables " for guidance in determining hazards, if needed)

### Potential Hazards Not Controlled

				S					
				H					
				E					
				L					
				L				S	
				F				C	
P	P	I	I	M				A	
A	A	S	G	B	C			D	P
T	R	H	U	R	H			D	H
H	A		A	O	E			I	Y
O	S	T	T	T	M	D		T	S
G	I	O	O	O	I	R		I	I
E	T	X	X	X	C	U		V	C
N	E	I	I	I	A	G		E	A
S	S	N	N	N	L	S		S	L

### HACCP Plan Documentation

- 15. Reasonably likely to occur hazard not identified: Specifically
- 16. Inadequate or no critical control point idenfified: Specifically for
- 17. inadequate or no critical limit identified: Specifically for
- 18. Inadequate or no written monitoring procedure: Specifically for
- 19. inadequate corrective action procedure: Specifically for (answer only when plan contains written corrective action procedures)

### HACCP Plan Implementation

- 20. inadequate implementation of monitoring procedures: Specifically for
- 21. Inadequate or no monitoring records: Specifically for
- 22. Inadequate or no corrective action taken when there is a deviation from the critical limit: Specifically for
- 23. Inadequate or no corrective action records: Specifically for

### Verification

24. Were required processing monitoring instruments properly <u>calibrated</u> ?	Yes	No	Unknown
25. Does the HACCP Plan include " <u>In-Processing Testing</u> " as a verification activity?	Yes	No	Unknown
26. Does the HACCP Plan include " <u>End-Product Testing</u> " as a verification activity?	Yes	No	Unknown

SECTION III - SANITATION CONTROL

INSTRUCTIONS: Identify sanitation deficiencies by blackening the appropriate square(s) in the right-hand columns.

Sanitation Items							
S A F E T Y  O F  W A T E R	F O O D  C O N T A I N E R S	C R O S S  C O N T A I N E R S	H A N D  W A S H  T O I L E T S	T O X I C  C O M P O U N D S	A D U L T E R A N T S	E M P L O Y E E H E A L T H	E X C L U D E  P E S T S

Sanitation Items

27. Sanitation deficiencies observed: Specifically for						
28. Inadequate or no monitoring (when required): Specifically for						
29. inadequate or no monitoring records (when required): Specifically for						
30. Inadequate or no corrections taken (when required): Specifically for						
31. inadequate or no correction records (when required): Specifically for						
32. Sanitation records do not reflect conditions in the establishment: Specifically for						
33. <u>Although not required</u> , is a <u>written</u> standard sanitation operating procedure (SSOP) in place?	Yes	No	Unknown			